



**INSPECTION WORKSHEET**

**Name of Building:** \_\_\_\_\_ **CAO or Equivalent Signature**  
**Date of Inspection:** \_\_\_\_\_  
**Inspected By:** \_\_\_\_\_ **Safety Coordinator signature**

**Note: S=satisfactory U=unsatisfactory, provide details for all U items N/A= not applicable**

	S	U	N/A	Comments	Person Responsible for Corrective action	Date Completed and Initialed
1. Work Environment						
1 floors/aisles/stairs free of tripping hazards						
2 aisles/halls free of clutter, exits not blocked						
3 handrails/guardrails in place						
4 floor/ground in good repair (no heaving, cracks, uneven surfaces)						
5 adequate lighting in place						
6 gases/vapours/fumes controlled						
7 noise levels acceptable						
8 heat/cold extremes controlled						
9 exits clearly marked						
10 materials/equipment stored appropriately						
11 shelves are secure and solid						
12 garbage disposed properly, garbage not overflowing						
13 facility protects staff from violent clients						
14 floor openings/trenches barricaded						
15 underground utilities located						
16 room to work around powerlines						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

2. Task		S	U	N/A	Comments	Person Responsible for Corrective action	Date Completed and Initialed
1	where heavy lifting is required, assists are available						
2	any concerns noted re: manual lifting, awkward postures, and repetitive movements						
3	written procedures are in place for critical tasks (e.g., CSE, lockouts)						
4	staff have appropriate training and experience for the work they are doing						
5	workers are following appropriate procedures						
6	unsafe actions noted						
7	new processes identified						
8	new workers received orientation & training						
9	PPE used correctly when required						
10	security issues identified and controls in place						
11							
12							
13							
14							

3. Hazardous Materials		S	U	N/A	Comments	Person Responsible for Corrective action	Date Completed and Initialed
1	containers are properly labeled, labels are legible						
2	containers are in good condition						
3	appropriate safety containers are used (e.g., for flammables)						
4	incompatible materials are stored separately						
5	hazardous materials are stored below eye level						
6	compressed gas cylinders restrained and capped						
7	MSDS are available and current						
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

4. Equipment		S	U	N/A	Comments	Person Responsible for Corrective action	Date Completed and Initialed
1	correct equipment and tools available for task						
2	equipment maintained as per maintenance program						
3	equipment guards in place						
4	defective/damaged hand tools not in use						
5	equipment & tools stored appropriately (not blocking exits, access to other materials or equipment)						
6	ladders/scaffolds/step stools available to access heights						
7	equipment blocked or secured against unplanned energy release						
8	personal protective equipment available, appropriate, and maintained maintenance system followed						
9							
10							
11							
12							
13							
14							
15							

5. Emergency Response		S	U	N/A	Comments	Person Responsible for Corrective action	Date Completed and Initialed
1	emergency response plan in place and appropriate to worksite						
2	workers know what to do in emergency						
3	emergency lighting in place						
4	emergency shower/eyewash available and working						
5	adequate number of fire extinguishers in place, inspected monthly						
6	other specialized plans in place and tested (e.g., confined space rescue)						
7	appropriate number of staff trained in first aid						
8	first aid supplies stocked up						
9							
10							
11							

# Workplace Inspection Report

Areas inspected: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Team  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor approval \_\_\_\_\_

## What is Working Well

Provide information about conditions, activities, etc., that are working well:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Corrective Actions Required

Action Item Number	_____
Description of Hazard	_____
Location	_____
Priority	_____
Existing Controls	_____
	_____
Are these working as Planned?	_____
	_____
Recommended Actions	_____
	_____
	_____
	_____
Person Responsible	_____ Date Required: _____
Date Completed	_____ Initialed: _____
	_____

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Existing Controls	_____
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	_____
Recommended Actions	_____
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Date Completed	_____ Initialed: _____
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Date Completed	_____ Initialed: _____
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Person Responsible	_____ Date Required: _____
Date Completed	_____ Initialed: _____
	_____